2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State
02-28-2007 90007 001 ***150.00

DOCUMENT # M65188

1. Entity Name
KECK GROVES, INCORPORATED

Principal Place of Business	Mailing Address
2302 FAIRMOUNT AVE LAKELAND, FL 33803 US	2302 FAIRMOUNT AVE LAKELAND, FL 33803 US

01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2870283
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KECK, KENNETH
2302 FAIRMOUNT AVE
LAKELAND, FL 33803

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: K Keck KENNETH KECK, Sec'y/Treas. 17 FEB 07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	KECK, JAMES M
STREET ADDRESS	PO BOX 1401
CITY-ST-ZIP	DELAND, FL 32721
TITLE	STD
NAME	KECK, KENNETH O
STREET ADDRESS	2302 FAIRMOUNT AVE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	PD
NAME	KECK, JANET L
STREET ADDRESS	413 NE ~~LAKEVIEW~~ DR 860 GARRISON ST
CITY-ST-ZIP	~~SEBRING~~, FL 33870 LAKEWOOD, CO 80215
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: K Keck 17 FEB 07 863.499.2378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #